

## **Application Data Sheet**

## **Application Information**

Application number:: 09/872,635

Filing Date:: 05/31/01

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: CENTRALIZED FEED MANAGER

Attorney Docket Number:: 017887-009100US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.:: No

#### Applicant Inf rmation

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Kevin

Middle Name::

Family Name:: Athey

Name Suffix::

City of Residence:: Fremont

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 5272 Lawler Avenue

City of Mailing Address:: Fremont

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94536

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: John

Middle Name::

Family Name:: Robison

Name Suffix::

City of Residence:: Campbell

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 2843 Gazelle Drive

City of Mailing Address:: Campbell

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 95008

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Ashvinkumar

Middle Name:: P.

Family Name:: Patel

Name Suffix::

City of Residence:: Los Altos

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 27765 Lupine Road

City of Mailing Address:: Los Altos

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94022

**Correspondence Information** 

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

# **Foreign Priority Information**

Country:: Appli

Application number::

Filing Date::

## **Assignee Information**

Assignee Name:: Yahoo! Inc.

Street of mailing address:: 701 First Avenue 94089

City of mailing address:: Sunnyvale

State or Province of mailing address:: CA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 94089